



Office of Congresswoman Jackie Walorski

Second District of Indiana

PRIVACY RELEASE FORM – Immigration & Visa Cases Only

Authorization in Accordance with the Privacy Act of 1974

To request Congresswoman Walorski's assistance with an immigration or visa case, please completely fill out this form and return it to her Mishawaka district office (see back), along with photocopies of any relevant case documents.

Note: This form must be signed by the named applicant or petitioner (or a legal guardian, if under 14).

Full Name: _____ Birth Date: _____

Alien # (if any): _____ Birth Country: _____

Street: _____

City: _____ State: _____ ZIP: _____

Email: _____ Primary Phone: _____

► For *USCIS cases*, list the form type (ex: I-90, I-130, I-765, I-485, N-400): _____

► For *visa cases*, specify the category (ex: immigrant, visitor, fiancé, student, work): _____

► List any applicable Receipt Numbers or Visa Numbers: _____

► Briefly summarize the problem you are having: _____

► Specify the resolution you are seeking: _____

I understand that the Privacy Act prohibits federal agencies from releasing my information to a third-party without my written consent. I hereby authorize Congresswoman Jackie Walorski and her staff, on my behalf: 1) to make inquiries with the agencies involved, 2) to receive my records from said agencies, and 3) to discuss my records with said agencies and any third-party listed on the back of this form, as needed. I certify under penalty of perjury that I have provided or authorized all information in and all documents submitted with this Privacy Act release, and that the information I have provided is complete, true, and accurate to the best of my knowledge and belief. The assistance I am requesting is in no way an attempt to evade or violate federal, state, or local law. I have reviewed and understand all of the information contained in this Privacy Act release.

► **SIGNATURE** (by hand): _____ Date: _____

→ **Over, please**

► Please list any other congressional offices you have contacted about this case: _____

► Would you like to receive Congresswoman Walorski's newsletter and other important information via email? *Yes* | *No*

Optional Third-Party Disclosure Authorization

If you would rather that our office communicate primarily with a third-party individual on your behalf, please provide his or her information below. Please limit this authorization to a close relative, a legal guardian, an attorney or legal representative, or another person you trust.

1. Name: _____ Relationship: _____

Email: _____ Primary Phone: _____

Organization (if applicable): _____

2. Name: _____ Relationship: _____

Email: _____ Primary Phone: _____

Organization (if applicable): _____

*****Return this form to our Mishawaka district office*****

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